
CATEGORY

E-100 General Information

E-200 Categories of Assistance for Which BHSF
Determines Medicaid Eligibility

E-300 Categories for Which BHSF Does Not
Determine Medicaid Eligibility

CATEGORY**E - 0000****E-100 GENERAL INFORMATION**

Eligibility for the Medicaid Program is limited to certain groups of individuals authorized by Congress. When authorizing a group, Congress also establishes specific requirement(s) which must be met to qualify as a member of that group.

Each designated group is assigned a category of assistance.

The requirement(s) which must be met to fit into that group or category is known as the categorical requirement(s).

**E-200 CATEGORIES OF ASSISTANCE FOR WHICH BHSF DETERMINES
MEDICAID ELIGIBILITY**

The federally authorized categories of assistance for which BHSF has responsibility for determining eligibility are:

- Aged (A),
- Blind (B),
- LIFC (formerly AFDC-related) (C),
- Disabled (D),
- Qualified Medicare Beneficiaries (Q), and
- ***Refugee (E)***
- Tuberculosis Infected (TB)

E-210 AGED (A)

This category includes persons who meet the categorical requirement of age (age 65 or older). The Social Security Administration establishes age for recipients of age - based SSI.

E-210.1 Verification

Verify that the applicant/recipient is age 65 or older.

Verification of age will be requested through the Vital Records Registry (VRR) file for all persons born in the state of Louisiana.

Verification sources ***for persons not born in Louisiana or whose record cannot be obtained from VRR*** are either:

- Birth certificate recorded before age five, or baptismal record established before age five,
- Any birth record recorded prior to age 11,
- Family Bible or other family records which appear to have been recorded before age 36,
- School and school census records recorded before age 21,
- 1910 Federal Census records (a one year tolerance to support the allegation applies when the record shows the individual's age in completed years and all evidence in file is in substantial agreement),
- 1920 Federal Census record,
- Domestic delayed birth certificate recorded before age 55 regardless of the basis,
- State census records for the years 1905 and 1915,
- Insurance policies obtained before age 21,

E-210.1 Continued

- Arrival records based on the "List of Manifest of Alien Passengers for the U.S. Immigration Officer at Port of Arrival" recorded before age 31,
- Refugee Resettlement agency's records,
- Verification from the State Data Exchange (SDX) process or third party query for a category A (Aged) case, and
- Any document used to verify citizenship (only if the category is A).

Note:

If age cannot be verified for category A, eligibility shall be considered in category B or category D.

E-210.2 Documentation

Document proof of age or basis for the decision. A copy of the proof shall be filed in the case record.

E-220 BLIND (B)

This category includes persons who meet the categorical requirement of blindness as defined by SSA and established by SSA for recipients of SSI based on blindness. The determination is made by:

- Social Security Administration (SSA), or
- the Medical Eligibility Determination Team (MEDT).

The SSA definition of blindness is **corrected** vision not better than 20/200 (or limited visual field of 20 degrees or less).

For Extended Medicaid, when the SSI case was eligible in B prior to closure, consider that the requirement for category B continues to be met unless BENDEX data is received indicating termination because blindness (disability) is not met. If blindness is not met, request **** an MEDT** decision in D.

E-220.1 Verification

Verify blindness:

- at application,
- if required by MEDT, or
- when otherwise indicated.

Sources of verification are:

- SSA/SSI records, correspondence or forms, or
- **** an approved MEDT package.**

E-220.2 Documentation

Document the case record.

File a copy of the SSA/SSI decision, third party query, ***MEDT package***, or other verification in the case record.

E-230 LIFC (C and M)

This category includes families with minor or unborn **children who meet all eligibility requirements based on the Aid to Families with Dependent Children (AFDC) State Plan in effect 7-16-96.**

The Personal Responsibility and Work Opportunity Act of 1996 (P.L. 104-193) eliminated the AFDC program and replaced it with a block grant program for temporary assistance for needy families (TANF). The law also established a new mandatory Medicaid eligibility group for low income families with children (LIFC) using the AFDC State plan in effect July 16, 1996 for eligibility criteria effective with the date the State implemented its TANF program (10-1-96 in Louisiana).

States are also required to provide Medicaid to pregnant women and certain children who are not deprived of parental support.

The categorical requirements for Medicaid are:

- age and deprivation of the child,
- age of the child, or
- pregnancy.

E-230.1 Specified Age

Verify age at application only if questionable and review at each renewal to determine the correct type of assistance for each applicant/*enrollee* and to ensure correct and maximum benefits. Refer to I-100.

The age requirements which relate to this category are:

- birth up to one year of age (Deemed eligible children),
- under age 18 (foster care, adoption subsidy, and children in C-related LTC),
- ***under age 18 (LIFC, PAP, and C-related MNP), and***

Exception for LIFC, PAP and C-MNP:

Continue Medicaid through the month the child completes his course of study if both the following conditions are met:

- ***he is a full-time student in high school or in vocational or technical training at a level equivalent to high school, and;***
 - ***he is expected to complete the course of study before or during the month of his 19th birthday.***
- under age 19, (CHAMP, LaCHIP **).

E-230.1 Continued**Verification**

Use sources listed in Aged, E-210 and in I-100.

In addition to those sources, ***BHSF Newborn Request*** Form may be used for establishing age and relationship for newborns.

Documentation

Document proof of age when questionable. A copy of the proof shall be filed in the case record.

E-230.2 Deprivation

Determine deprivation based on ***the assistance unit being income eligible for the respective program***. Refer to I-500 Deprivation.

** (Removed the 'Reminder')

Verification

Refer to I-500.

Documentation

Refer to I-500.

E-230.3 Pregnancy

The individual must have been pregnant during the months assistance is requested. The 60 day postpartum period is considered as part of the pregnancy. Therefore, assistance may be requested retroactively for the postpartum period.

Pregnancy must be verified for the following kinds of cases:

- *Phase IV SCHIP, CHAMP Pregnant Woman, and*
- *MNP Pregnant Woman cases*

Verification

Pregnancy and due date can be established by either written or verbal statement from a medical professional (Public Health Unit, doctor, clinic, hospital, crisis pregnancy center). Do not delay certification while waiting for verification. It is permissible to accept the applicant's declaration of pregnancy and due date (for purposes of determining pregnancy) unless there is reason to believe that additional verification is required.

Documentation

Document the case record to reflect how pregnancy and due date were established (written or verbal statement from medical professional or client's declaration).

E-231 RESERVED**E-240 DISABLED (D)**

This category includes persons who receive disability-based SSI or who meet SSA defined disability requirements.

The Social Security Act defines disability as the inability to engage in any substantial gainful activity:

- by reason of any medically determinable physical impairment or mental impairment, and
- that can be expected to result in death or has lasted or can be expected to last for a period of not less than 12 consecutive months.

Notes:

For a child under age 18 the determination of disability must include consideration of the child's functional capacity at each level of development.

A disability decision is required for deceased applicants for the period of assistance requested, if application is in category D and the applicant did not receive **SSA** disability benefits.

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Disability determinations are made by either:

- SSA, or
- MEDT.

Note:

Disability decisions by the Veterans Administration (VA) are not acceptable.

E-240 Continued

For Extended Medicaid, consider the disability requirement for category D to be met unless a BENDEX or an SDX change notice is received indicating termination because disability is no longer met.

MEDT must make a disability determination for ***MPP***, MNP, LTC, and HCBS if a decision has not already been made by SSA.

Use the MEDT package to request a disability determination from MEDT. The agency representative shall provide all available medical and social information **.

An SSA/SSI disability decision takes precedence over any state disability determination. Refer to I-2100, Requirements Related to SSI Eligibility Factors. If there is an SSA/SSI appeal, refer to G-1620, Application Processing/SSI Appeals.

Category B takes precedence over Category D if the applicant/recipient meets the categorical requirement of blindness.

E-240.1 Verification

Verify disability:

- at application,
- when required by MEDT, or
- when otherwise indicated.

Sources of verification are:

- SSA/SSI records, correspondence or forms,
- BENDEX,
- third party query, or
- MEDT package approved by the MEDT.

E-240.2 Documentation

Document the electronic case record.

File Social Security documentation, *****MEDT package***, or other verification in the case record.

E-250 QUALIFIED MEDICARE BENEFICIARIES (Q)

This category includes persons who meet the categorical requirement of enrollment in Medicare Part A **.

E-250.1 Verification

Verify Part A enrollment at application and review at renewal. Verification sources include, but are not limited to, the following sources:

- Medicare card,
- ***EDB,***
- BENDEX,
- third party query, or
- other SSA records, correspondence, or forms.

Note:

Some SSI recipients not already enrolled in part A are automatically entitled to be enrolled. Their enrollment will become effective at the time the State begins to pay their premium through Buy-in.

E-250.2 Documentation

Document the case record.

File a copy of the proof in the case record.

E-260 TUBERCULOSIS INFECTED (TB)

This category includes persons who have been diagnosed with active Tuberculosis (TB) or suspected of being infected with TB.

The applicant must be determined TB-infective by the Medical Eligibility Determination Team (MEDT). Use the MEDT package to request a TB determination from MEDT. The agency representative shall provide all available medical and social information.

E-260.1 Verification

Verify tuberculosis:

- at application,
- at renewal,
- when required by MEDT, or
- when otherwise indicated

Sources of verification are:

- MEDT package approved by MEDT

E-260.2 Documentation

Document the case record, *including the ECR*.

File the MEDT package in the case record.

E-270**REFUGEES (E)**

This category includes persons who have entered the country as refugees. Eligibility must be determined for existing Medicaid programs first. If the refugee is not eligible for an existing program, then eligibility is determined for the time limited Refugee Medical Assistance (RMA). Those refugees who receive cash benefits through the Refugee Resettlement Agency are automatically eligible for RMA.

E-300 CATEGORIES FOR WHICH BHSF DOES NOT DETERMINE ELIGIBILITY

BHSF Medicaid does not have responsibility for eligibility determination for the following categories:

E-310 ** *Reserved***E-320 F (06)**

Category F refers to children directly served by OCS. OCS has responsibility for determining eligibility for these cases. Policy used to determine eligibility is contained in the Children, Youth, and Family Services Financial Assessment Manual.

This category includes minors under the age of 18 who are:

- foster children whose income and resources are at or below the LIFC standard, but are not Title IV-E eligible because of their inability to meet the criteria of the AFDC State Plan in effect 6/95.
- foster children whose income and resources are at or below the standards for Regular Medically Needy,
- State Adoption Subsidy children who were Medicaid eligible prior to being placed for adoption,
- foster children who are SSI eligible, and
- foster children who meet the standards for certification as CHAMP or CHAMP-PW.

E-330 I (08)

Category I refers to children eligible under Title IV-E (OCS and OYD). OCS has responsibility for determining eligibility for these cases. Policy used to determine eligibility is contained in the Children, Youth, and Family Services (CYFS) Financial Assessment Manual.

This category includes minors under the age of 18 who are:

- children of a ***Title IV-E eligible*** foster child,
- children in the custody of OCS who entered care from ***** LIFC eligible*** households or who would have been eligible for ***** LIFC*** had the family applied,
- Title IV-E Adoption Subsidy children,
- COBRA IV-E Adoption Subsidy children who were Title IV-E Adoption Assistance eligible in their state of origin,
- COBRA IV-E Foster children who are Title IV-E Foster Care eligible in their state of origin, and
- children in the custody of OYD who entered care from ***** LIFC eligible*** households or who would have been eligible for ***** LIFC*** had the family applied.

E-340 O (15)

Category O refers to OCS and OYD children whose medical assistance benefits are state-funded. OCS has responsibility for determining eligibility for these cases. These children are not Title XIX-Medicaid eligible.

E-350**V (22)**

Category V refers to OYD children. OCS has responsibility for determining eligibility for these cases. Policy used to determine eligibility is contained in the CYFS Financial Assessment Manual.

This category includes minors under the age of 21 who are:

- children in the custody of OYD whose income and resources are at or below the ** ***LIFC*** standard, but are not IV-E eligible because of their inability to meet the ** ***deprivation requirement***,
- children in the custody of OYD whose income and resources are at or below the standards for Regular Medically Needy,
- children in the custody of OYD who are SSI eligible,
- OCS children aged 18-21 who enter the Young Adult Program (YAP), and
- children in the custody of OYD who meet the standards of CHAMP or CHAMP-PW.